SEEC FORM 40

Itemized Campaign Pinance Disclosure Statement
For Independent Expenditure Only Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised July 2014

	Page 1 of 32

COVER PAGE

L NAME OF COMMETTEE			ELITERATE E TAT	2. ELECTIONA	REFERENDUM DATE
Connecticu	t Forward			11/04	/14
1. TREASURER NAME		3.00 (1) The	RSS HINDER TO SEE	(2) 101 (2) 第	
Michael	MI	Lest Be	elmont		Suffix
4. TREASURER ADDRESS	attices and attack of			HIDE OF AUTOM	
Street Address 174 Wright	^	Cont	obicy	CT	240 Code 06331
5. TYPE OF REPORT (Check One Many					
☐ January 10 filing ☐ April 10 filing ☐ July 10 filing ☐ October 10 filing ☐ Primar O Eccion 6 PERIOD COVERED	☐ 7th day preceding primary ☐ 7th day preceding election ☐ 43 days following election not beld in November Beginning Date	□,45 c	day preceding referendum lays following referendum minution Ending Date	☐ Initial Contri ☐ Amendment Type of Repo	
1.	7/24/14	thru	7/24/14	_	
7. CURTIFICATION	PART TO THE PART OF THE		ELPHANE TAR		
Hemized Campaign Fina	<u> </u>	the period of rendent of un committee, or	overed is true, accurate a cy other individual, politi agent thereof.	and complete, and to call committee, per	urther that any

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement For Independent Expenditure Only Political Committees CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised July 2014

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Connecticut Farward	24 HOUT	
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
9. Balance on hand at the beginning of Reporting Period	0	
10. Monetary Receipts (Sections A and B)	0	0
11. Loans (Sections C)	0	Ò
12. Total Monetary Receipts (add totals for Lines 10 through 11)	0	0
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)	0	0
14. Expenses Paid by Committee (Section G)	0	0
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	0	0
16. In-Kind Contributions Received (Section D)	0	0
17. Refundable Deposit to Telephone Company (Section E)	0	0
18. Beginning Loan Balance	0	
18a. + Loans Received (Section C)	0	0
18b. + Interest and Penalties on Loan	0	0
18c Payments on Loan	0	0
18d. Total Outstanding Loan Amount	0	
19. Expenses Incurred on Committee Credit Card (Section H)	0	0
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	91,255	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	91,255	

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page	e 1, Line 1)	BURNET OF THE PARTY	TYPE OF REPORT	LES PROPERTY SE PROPERTY
Connecticut For	rward		24 Hour	-
A. Total Contributions from Small I	Individual Contributors-			
(See instructions for definition of Small I	Individual Contributor)	SUBTOTAL SECTION A	\$	
	D 14	1 M D	The Republic of the Control of the C	ACCUSATION OF THE PARTY OF THE
Name	B. Itemize	d Monetary Receipts	at Shart W	
Street Address		City		State Zip Code
Principal Occupation (if applicable)		Name of Employer (if applica	able)	
Source Type: Individual/Sole Proprietorship	☐ Committee ☐ Other	Type of Receipt: Contribution] Reimbursement for Shar	ed Expense Bank Interest
☐ Bank ☐ Affiliated Business Entity ☐	☐ Affiliated Organization	☐ Surplus Distribution ☐ Transfer	from Affiliated Treasury	☐ Miscellaneous
Is this contribution associated with an event reported in Section F?	Yes Method of Receipt:	☐ Cash ☐ EFT ☐ Personal	Check Aggregate Cont	ributions
If yes, list Event #	☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money C	Order	
is continuated a reception, speciale, in res		ospective state contractor or principal t	hereof? Yes	Amount Received
	If yes, indicate which branch or of government the contract is w		□ No ative	
Description (if applicable)		Date	Received	
Name				
Street Address		lo:	7	S
Sileet Address		City		State Zip Code
Principal Occupation (if applicable)		Name of Employer (if applica	able)	
		Thank of Employ of the supplies		
Source Type: Individual/Sole Proprietorship	☐ Committee ☐ Other	Type of Receipt: ☐ Contribution ☐	Reimbursement for Shar	ad Evranga Dank Interest
	☐ Affiliated Organization		from Affiliated Treasury	ed Expense Bank Interest Miscellaneous
	Yes Method of Receipt:		LA companyate Court	
event reported in Section F?		☐ Cash ☐ EFT ☐ Personal ☐ Payroll Deduction ☐ Money C		
	contributor a state contractor, pro	ospective state contractor or principal the	hereof?	Amount Received
or dependent child of a lobbyist?	If yes, indicate which branch or of government the contract is with	branches	□ No	
Description (if applicable)	or government the contract is wi		Received	-
	POLICO	FOTAL Section B — This Pag	70 A	
	SUBI	TOTAL Section D — This Pay	0	
	TOTAL	of additional Section B Page	es	
	TOTAL OF	ALL RECEIPTS (Sections A +)	B)	
		10, Column A of Summary Page Total		

NAME OF COMMITTEE (As reported on Page 1, Lin	o 1)		TVDE OI	REPORT	
Connecticut Forward			24	Hour	
	C. Loans Re	eceived this Period	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100	7877 F WEST CO
Name of Lender	SHIII AND THE RELEASE	Source of Loan:			Date of Receipt
		☐ Bank ☐ Individual	☐ Comn	nittee Other	
Street Address	City	<u> </u>	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	<u></u>				Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Individual	Comn	nittee Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or
					Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:			Date of Receipt
6	Tax	☐ Bank ☐ Individual	Comm		
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (If applicable)				.,	Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Individual	Comm	nittee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)				1	Amount Received
Street Address	City		State	Zip Code	
	City		State	Zip Code	
Name of Lender		Source of Loan;		1.	Date of Receipt
		☐ Bank ☐ Individual	☐ Comm	ittee 🗖 Other	
Street Address	City	·	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)			4		Amount Received
Street Address	City		State	Zip Code	
				Zip coo	
	SUBTO	OTAL Section C — This Pa	ge	0	
	TOTAL	of additional Section C Pag	es	0	
(Enter to	tal on Line 11and Line 18,	TOTAL OF ALL LOA! Column A of Summary Page Total	NS uls)	0	

Refuse and 2014	780		1 10 (5	ections A—E)				
NAME OF COMMITTEE (As reported on	Page 1, Line	2 1)	A MILLIAN	1 8 1 19 3 1	TYPE OF REP			
Connecticut Foru	ord				24 H	bur		
		D. In-K	ind Cor	tributions			TO BUS	SHITTING STON
Name								
Street Address				City			State	Zip Code
Type of contributor:				Date Received	Aggre	egate Contrib	outions	
☐ Individual / Sole Proprietorship	☐ Comi							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	If yes,	utor a state contractor, pr , indicate which branch o ernment the contract is w	r branches	ate contractor or principal Executive Legisla				arket Value Contribution
Is this contribution associated with an event reported in Section F? If yes, list Event #	☐ Yes ☐ No	Description of In-Kind Con	ntribution					
Name								
Street Address				City			State	Zip Code
Type of contributor:				Date Received	Aggr	egate Contrib	outions	
☐ Individual / Sole Proprietorship	☐ Comi	mittee	г					
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If yes,	utor a state contractor, pr , indicate which branch o ernment the contract is w	r branches	ate contractor or principal Executive Legisla				arket Value Contribution
Is this contribution associated with an event reported in Section F? If yes, list Event #	☐ Yes ☐ No	Description of In-Kind Cor	ntribution					
Name								
Street Address				City			State	Zip Code
Type of contributor:				Date Received	Aggre	egate Contrib	outions	
☐ Individual / Sole Proprietorship	☐ Com	nittee						
ls contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If yes,	utor a state contractor, pro indicate which branch or ernment the contract is w	r branches	ate contractor or principal t	[]			arket Value Contribution
Is this contribution associated with an event reported in Section F? If yes, list Event #	☐ Yes ☐ No	Description of In-Kind Cor						
			st	JBTOTAL Section D -	– This Page	0		
自然。[1] 中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国	ST III		то	TAL of additional Sec	tion D Pages	0		
TOTAL OF ALL IN-KIND	CONTRI	IBUTIONS (Enter to	tal on Line	16, Column A of Summar	y Page Totals)	C)	
	E.	Refundable Dep		elephone Compan	y			13/11/19
Last Name of Individual			First			Ml	Date Deposit	Made
Residential Street Address		City	,		State Zip C	ode		amount of Deposit
Name of Telephone Company								
Street Address		City			State Zip C	ode	\dashv	
T	OTAL SE	ECTION E (Enter tot	al on Line .	17, Column A of Summar	Page Totals)	0		

II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE	(As reported on Page 1, Line 1)	TYPE OF REPOR	r	Priving.	
Connectico		24 Hour	_		
THE PRINCIPAL REPORTS		Information	BAN	Burgare S	
Event # Date of Event Letter	Description		Wa	s this a fur	ndraising event?
Location: Street Address		City	, i	State	Zip Code
Event # Date of Event Letter	Description	at-	Wa	s this a fur	ndraising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Wa	s this a fui	ndraising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Wa	s this a fur	ndraising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description	•	Was	s this a fun	ndraising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Was	this a fun	ndraising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Was	s this a fun	ndraising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Was	this a fun	draising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Was	this a fun	draising event?
Location: Street Address		City		State	Zip Code

NAME OF COMMITTEE (As re	eported on Page 1, Line 1)	1000	- 2 m		TYPE O	FREPORT	2 20 00	do in som
0 1 1	Forward				Ri			
		xpens	ses Paid by C	ommittee		Marin Marin	Sulvivier.	Wilder & Co.
Name of Payee					Date of Pay	/ment	Method of Pa	#
Street Address			City		\\\		State	Zip Code
Expense Type	more than one candidate? ☐ Yes ☐ No Section G. Act	mplete ddendum						Event #
Name of Candidate (only complete if Inde	ependent Expenditure is on behalf of ONE candidat	e—if more i	than one, Complete Sect	tion G. Addendum)	Office Sought			☐ Supported ☐ Opposed
Purpose of Expenditure (by code)		Expend	liture Number		with Referendum?		Amoun	it
Name of Payee				1	Date of Pay	ment	Method of Pa	#
Street Address			City		1411		State	Zip Code
Expense Type Operational Cost If an Independent Expenditure, is it on behalf of more than one candidate? Operational Cost Operational						Event #		
☐ Independent Expenditure	Yes ☐ No Section G. Ad							
Name of Candidate (only complete if Indep	pendent Expenditure is on behalf of ONE candidate	:—if more ti	han one, Complete Secti	ion G. Addendum)	Office Sought			Supported Opposed
Purpose of Expenditure (by code)		Expendi	iture Number		vith Referendum?		Amoun	t
Name of Payee					Date of Pay	ment	Method of Pa	#
Street Address			City				State	Zip Code
Expense Type	If an Independent Expenditure, is it on behimore than one candidate? If yes, comp Yes □ No Section G. Add	plete	Description					Event #
Name of Candidate (only complete if Indep	vendent Expenditure is on behalf of ONE candidate	—if more th	ran one, Complete Section	on G. Addendum)	Office Sought			☐ Supported ☐ Opposed
Purpose of Expenditure by code)		Expendit	ture Number	ľ	vith Referendum?		Amount	t
			SUBTOT	AL Section (G— This Page		Ô	
			TOTAL of a	additional Se	ection G Pages		0	
TOTAL OF ALL EXPENS	SES PAID BY COMMITTEE	E (Enter	total on Line 14, C	olumn A of Su	nunary Page Tota	ls)	0	

NAME OF COMMITTEE (As re	ported on Page 1, Line 1)	THE S	Y PRESTORING	205, 2	TYPE OF	REPORT	10 11 -	210	HE STATE OF T
Connecticut	Forward				24				
	H. Expens	ses Inci	urred on Co	mmittee (Credit Card		100	20.7	GW THE
Name of Issuing Institution			Type of Credit ☐ Visa	Card: ☐ Master Ca	rd 🗖 Discov	er 🗌 America	an Express	c	ther:
Name of Vendor, Person or Entity				(4)			Date of Tra	insacti	on
Street Address			City				State	Zip	Code
Expense Type	more than one candidate? If yes, con	nplete	Description			=======================================		Eve	nt#
	Yes No Section H. Ad Additional of the properties of the p		an one Countate Section	on H. Addendum)	Office Sought			Щ,	
(,	-g	e y more m	an one, Complete Section	on II. Addendamy	Office Sought				Supported Opposed
Purpose of Expenditure		Expendit	ure Number	Associated v	vith Referendum?		Amou	nt	
				□Y	es 🗆 No				
Name of Vendor, Person or Entity							Date of Tra	msacti	on
Street Address			City				State	Zip	Code
Expense Type Operational Cost		nalf of	Description					Eve	nt #
☐ Independent Expenditure	more than one candidate? ☐ Yes ☐ No Section H. Ad							1	
Name of Candidate (only complete if Inde	ependent Expenditure is on behalf of ONE candidate	:—if more tha	nn one, Complete Sectio	on H. Addendum)	Office Sought				☐ Supported ☐ Opposed
Purpose of Expenditure		Expenditu	ıre Number	Associated w	rith Referendum?		Amou	L nt	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				□ Y	es 🗆 No				
Name of Vendor, Person or Entity							Date of Tra	nsactio	on
Street Address			City				State	Zip	Code
Expense Type Operational Cost		alf of	 Description					Ever	nt #
☐ Independent Expenditure	more than one candidate? ☐ Yes ☐ No Section H. Add								
Name of Candidate (only complete if Indep	pendent Expenditure is on behalf of ONE candidate	—if more that	n one, Complete Section	n H. Addendum)	Office Sought				
									Supported Opposed
Purpose of Expenditure		Expenditu	re Number	Associated w	ith Referendum?		Amour	nt	
y conty				□ Ye	s 🗆 No				
		S	UBTOTAL Se	ection H — '	This Page	(
		то	TAL of addition	onal Section	H Pages	2)		
TOTAL O	F ALL EXPENSES INCURR					\nearrow			
CANER BURNER	(Enter to	nat on Lir	ie 19, Column A	of Summary I	Page Totals)				

NAME OF COMMITTEE (As rep		(and a		211 1117	TYPE OF		WITE VIEWS	ny As Villa Sala
Connecticut						Hour		
N CO E	I. Expenses Incurred by Committee but Not Paid During th							
Name of Creditor	L. A. A. S. A.						Date Incurre	
Street Address	ts + Associates		City				State	Zip Code
1010 Wisconsin	Aue NW		Washin	iton			DC.	20007
Expense Type Operational Cost	If an Independent Expenditure, is it on be		Description)				Event #
☐ Independent Expenditure	Yes ☐ No Section I. Ad		Polling:	Service	S			
Name of Candidate (only complete if Inde	pendent Expenditure is on behalf of ONE candidat	e—if more the			Fice Sought			T
								Supported Opposed
Purpose of Expenditure (by code)		Expendit	ure Number	Associated with	Referendum?	1	Amour	
POLLS		00	101	☐ Yes	No No	\$41	,500	
Name of Creditor				1,			Date Incurre	ed
New Partners	Consulting, Inc.						7/20	1/14
Street Address			City	1			State	Zip Code
	NW Suite 20		Wash	ington			IX	20005
Expense Type Operational Cost If an Independent Expenditure, is it on behalf of more than one candidate? Cost of the control of the cost o								Event #
☐ Independent Expenditure	☐ Yes ☐ No Section I. Ad		Kesearh	Serviz	-62			
Name of Candidate (only complete if Indep	pendent Expenditure is on behalf of ONE candidat	e—if more the	an one, Complete Section	I. Addendum) Of	fice Sought			☐ Supported
								Opposed
Purpose of Expenditure (by code)		Expendit	ure Number	Associated with	Referendum?	1-	Amour	
CNSLT		000)2	☐ Yes	☑ No	\$49	,755	
Name of Creditor							Date Incurre	d
Street Address			City				State	Zip Code
	If an Independent Expenditure, is it on beh more than one candidate? If yes, com		Description					Event #
☐ Independent Expenditure	☐ Yes ☐ No Section I. Ad	dendum		-				
Name of Candidate (only complete if Indep	endent Expenditure is on behalf of ONE candidate	—if more tha	n one, Complete Section	I. Addendum) Off	fice Sought			☐ Supported
								Opposed
Purpose of Expenditure		Expenditu	ıre Number	Associated with	Referendum?		Атоип	t
				☐ Yes [□ No			
SUBTOTAL Section I-This Page						\$91	,25	5
TOTAL of additional Section I Pages						0		
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 20, Column A of Summary Page Totals)						\$91,0	255	
	Previously rep	orted Ex	penses Unpaid	and still Outs	tanding	0)	
T	OTAL OF ALL EXPENSES IN (Enter		D BY COMMI' ine 20a, Column /		45.14	\$91	,255)

NAME OF COMMITTEE (As rep	ported on Page 1, Line 1)	107-6	1000	(1) 2 m sp.	ТҮРЕО	F REPORT	8 . Vi 1.	
	Forward				21	T. State Sant T		
J. Itemization of Reimbursements to Committee Workers and Consultants								
Last Name of Worker/Consultant		First				MI	Date of Paym	ent to Vendor
Name of Vendor Paid by Committee W	/orker/Consultant				Pay	nent to Reimbur rted in Section C	se Committee \	Vorker/Consultant as
						Check #		bit Card
Street Address of Vendor			City				State	Zip Code
Expense Type Operational Cost	If an Independent Expenditure, is it on be	half of	Description				!	Event #
☐ Independent Expenditure	more than one candidate? If yes, con Section J. Ac							
Name of Candidate (only complete if Inde	☐ Yes ☐ No Section J. Acrependent Expenditure is on behalf of ONE candidate		an one Complete Secti	on J. Addendum)	Office Sought			
	, , , , , , , , , , , , , , , , , , , ,	v _g more m	an one, comprete deet,	on b. Mutternammy	Office Sotigiti			Supported
								☐ Opposed
Purpose of Expenditure		Expendit	ure Number	Associated v	vith Referendum?		Amoun	t
				□ Y	es 🗌 No			
Last Name of Worker/Consultant		First				MI	Date of Payme	ent to Vendor
Name of Vendor Paid by Committee Wo	orker/Consultant							/orker/Consultant as
					1 '	ted in Section G Check #		oit Card
Street Address of Vendor			City			CIICCK #	State	Zip Code
								S.p code
Expense Type Operational Cost If an Independent Expenditure, is it on behalf of Description								
more than one candidate? If yes, complete								Event #
	☐ Yes ☐ No Section J. Ad							
Name of Candidate (only complete if Indep	pendent Expenditure is on behalf of ONE candidate	e—if more tha	n one, Complete Sectio	m J. Addendum)	Office Sought			☐ Supported
								Opposed
Purpose of Expenditure (by code)		Expenditu	ire Number	Associated w	ith Referendum?		Amoun	t
				□ Ye	es 🗌 No			
Last Name of Worker/Consultant		First				MI	Date of Payme	nt to Vendor
Name of Vendor Paid by Committee Wo	orker/Consultant		0.		Pavn	ent to Reimburs	e Committee W	orker/Consultant as
					терог	ted in Section G		
Street Address of Vendor			City			Check #	State	it Card
			City				State	Zip Code
Evnouse Tune Constituted Cont	If an Independent Process Page 1977	10.0 1	<u></u>					
	If an Independent Expenditure, is it on beh more than one candidate? If yes, com		Description					Event #
☐ Independent Expenditure	Yes No Section J. Add	dendum						
Name of Candidate (only complete if Indepo	endem Expenditure is on behalf of ONE candidate	if more that	n one, Complete Sectio	n J. Addendum)	Office Sought			☐ Supported
								Opposed
Purpose of Expenditure		Expenditu	re Number	Associated w	ith Referendum?		Amoun	
☐ Yes ☐ No								
		S	UBTOTAL Se	ction I — T	his Page			
		NO DOM			1000			
			TAL of additi					
TOTAL OF ALL REIMBU	RSEMENT TO COMMITT	EE WO	RKERS AN	D CONSUI	LTANTS			

IV. DISCLOURE IN COMMUNICATIONS (Sections K—L)

Page 11 of 12

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF RE	FREPORT			
Cornectrout Forward	24 t	lour			
K. Five Largest Contributions Disclosed in Commun	ication				
If the independent expenditure reported in this form was for a communication made or date that is ninety days immediately prior to the applicable primary or election, please a contributions in excess of \$5,000 received during the twelve month period prior to the	eport the f	ive largest ag	ggregate		
Source of Contribution—Name of Person Making Contribution		Expenditure Num Section	nber Number		
Address of Person Making Contribution—City		State	Zip Code		
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amo	ount		
Source of Contribution —Name of Person Making Contribution		Expenditure Num Section	her Number		
Address of Person Making Contribution —City		State	Zip Code		
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Ame	ount		
Source of Contribution —Name of Person Making Contribution	· '	Expenditure Num Section	ber Number		
Address of Person Making Contribution —City		State	Zip Code		
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Ame	punt		
Source of Contribution —Name of Person Making Contribution	" !!	Expenditure Num Section	ber Number		
Address of Person Making Contribution —City		State	Zip Code		
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amo	punt		
Source of Contribution —Name of Person Making Contribution	"	Expenditure Numl Section	ber Number		
Address of Person Making Contribution —City		State	Zip Code		
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amo	punt		

IV. DISCLOURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT		
Connecticut Forward	24 H	our	
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication			
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
reades of Festivitimating covered frameter city (y morny			p 0000
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Numb Section	er Number
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
No. 2 Characa Describing Characad Througha as Demontral in Casting V		Donas Steve Mont	
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Numb Section	Number
		,	1
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (If known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Numb	ar
Name of Person Receiving Covered Transfer as Reported in Section R		Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Numb	er
		Section	Number
No. of Proceedings of the Proceedings of the Control of the Contro			
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (If known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Numb	
		Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Numb	
		Section	Number